Mann, Lee S. 2002

Dr. Lee S. Mann Oral History 2002

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Lee S. Mann (NIMH 1953-1983)

This is an interview with Dr. Lee Mann, Scientific Review Administrator for the Risk Prevention and Health Behavior IRG, Center for Scientific Review, and former member of the Laboratory of Psychology and Psychopathology of the NIMH Intramural Research Program. The interview is being held on Friday, October 18th, 2002 in Bethesda, MD. The interviewer is Dr. Ingrid Farreras of the NIH History Office.

Farreras: Before we begin talking about your Laboratory years why don't we start with some background information to situate you better. You were born in Bethpage, Long Island, New York...what is your family background?

Mann: I'm one of four children. My father, who's now deceased, is British. He was born in London and came into this country in the 1920s. My mom is American born. Neither of my parents went to college. Actually, my father wasn't even a high school graduate. My mom is still alive; she lives in a home. There are four children. My older brother is a deputy attorney general for the state of New York. There's me, a Ph.D. psychologist and also an attorney. The third child, my sister, is also an attorney in New York City. And then there's a fourth child, the youngest, Debbie, who has two children and lives in New York.

Farreras: And it's in New York where you went to high school and then college?

Mann: Yes, I went to high school in New York and I have my bachelor's in psychology from SUNY-Albany. Then I went on to get a Master's in the social sciences from the University of Chicago.

Farreras: How did you end up pursuing that degree at the time?

Mann: I had left Albany in my senior year and had gone to SUNY-Binghamton for one semester, and at Binghamton I heard about a foreign study program in Mexico. Spanish was a minor of mine so I spent my second semester senior year in Cuernavaca, Mexico. Right before I went to Mexico, I applied to graduate programs, and I basically got -- I got into two programs. I remember. I got into this master's program at Chicago, not the Ph.D. program that I had originally applied to, and I got into like Notre Dame. And I'm in Mexico and I have to make a decision: what am I going to do next year? I didn't really want to go to Notre Dame, and on my way back from Mexico, I made sure my flight went through Chicago, and I visited the school for one day and I said, AThat looks like a reasonable place to go,@ and so that's how I just decided on going to Chicago.

Farreras: How did you decide which places to apply to? What were you looking for?

Mann: It's too many years ago.

Farreras: Okay.

Mann: I don't remember.

Farreras: It wasn't a particular program or . . . Although the Ph.D. program . . .

Mann: I'll be honest, I don't remember. It's just too many years ago. I mean, they all were in psychology, and . . .

Farreras: But it wasn't neuropsych at the time, not the experimental, hardcore . . .

Mann: No, no. I mean, because my master's was actually -- well, it was clinically oriented, but it was psycholinguistics. I mean, I looked at language in schizophrenia. I worked with David Neal [sp.] there, and he was really, who was really well known in psycholinguistics.

So I got my master's at Chicago in >78, and I decided -- I didn't know if I wanted a Ph.D. at that point, so let's see if I'd like . . . So I wanted to find a job, and I liked the Washington area, so I came to Washington in the summer of >78, late summer, and I came to NIH and I started . . . I went to the personnel offices, and some lady in a personnel office of NIMH told me that Dr. Ronald Reader [sp.] was looking for a research assistant, and since I wasn't from this area, maybe it would be a good idea just to go in and barge in on him and see if he'd be interested in me. Reader [sp.] was in the Laboratory of Psychology, and he . . .

Farreras: Psychology. He is a name that I haven't come across.

Mann: He is a physician. He was like, I mean, really . . . I mean, Seymour Kety is probably the only other physician in the lab. I think the two of them are the only M.D.s that the lab ever had.

Farreras: And I have him in there only from >75 to >79. Is that accurate?

Mann: Yeah.

Farreras: So he'd gotten there earlier, a little earlier than you.

Mann: Yeah. I mean, when he left the lab in >79, he went to Columbia, and he's the director of residency training in psychiatry at Columbia, and

he still is.

Farreras: Okay. So he might be someone to contact about those days, too.

Mann: Yeah. So I interviewed with Reader [sp.]. Reader [sp.] was like shocked that somebody with a master's from the University of Chicago walking in his door looking for a job, because you get all different levels of research assistants. And so he hired me on the spot.

Farreras: But it was to work on whatever it was . . . What was he working on that he needed a . . .

Mann: He was working on some of the very first CT scan studies, looking at cognitive correlations to brain morphology. So he was basically looking at, if you looked at your CT scan -- right? -- and they were abnormal, could you see something abnormal in personality, in cognition, in whatever? And this was in schizophrenia; he was looking -- this was schizophrenics.

So Ron and I worked on, with Dan Weinberger, who's really famous now -- Weinberger at the time was a fellow. Right? And we looked at -- we did correlation studies looking at neuropsychological studies in schizophrenics, and could we relate their CT scans to the way they did on psychological testing? And that's how my whole focus changed when I started working in the lab. I was not biologic before, and then it was a total change.

Farreras: , too.

Mann: Total change. So things changed when I left all that. _____. But that's how I became . . .

Farreras: So it was to work with . . . Okay.

Mann: So it was to work with Reader [sp.]. So I was in the lab full time from 1978 to 1980.

Farreras: Summer of 1978 is when you arrived.

Mann: Is when I arrived, and then I stayed to, I think, October 1980 or September 1980.

Now, I was very upset. Reader [sp.] left me after a year.

Farreras: Okay, so _____.

Mann: Right. So he brought me in, and a year after I arrived, he is gone. But NIH was a very political place then, as it is now, in the Intramural

Program.

Farreras: I've heard even more.

Mann: Well, I don't think it could be any more than it was then. People now don't know the way it was before, and people probably ______ still have their memories of how bad it was then. But the people I -- some of my friends are still there, and people tell me it's much nicer now than it was then. Things are less crazy.

So you needed someone to protect you back then. You needed an advocate. And when Reader [sp.] left . . .

Farreras: He didn't offer to take you to Columbia with him?

Mann: He did. But actually, he offered . . . He couldn't get me a job in psychiatry. He helped me get a job, if I wanted it, in the neurology department. I was doing neuropsych stuff, so it would have been okay. I went up and I interviewed, and I was offered a position, and I decided -- I couldn't live in Manhattan. I didn't want to live in New York City. And I looked at this place and I, you know, I was living in Bethesda. I said, "Do I want to move to . . .?" I just couldn't do it. And then it really -- the person that would have hired me was this woman. I forget her name. She was the head of this program. She died of a brain tumor like six months after, so I would have been--If I had moved to New York, then another...

Farreras: In hindsight.

Mann: It worked out. I'm so happy I didn't go. But I couldn't have.

I remember taking the train, the subway, from like where they are up on 168th Street. It's like -- it was terrible. I could not imagine working in Harlem up there. But anyway, I remember taking the train down to like -- I don't know where the Plaza -- I was like in Central Park West or something, and I'm walking down. This is like the high-rent district. But like the wealthiest, I mean, was probably like \$5,000 a month for a place. You know, I was going to make probably \$13,000 a year. I wasn't going to be living there. But I said to myself, "If I could live on this street, would I move here?" and I said, "No." And I knew this is not where I was going to be living, so that answered my question.

Farreras: Uh-huh. So you stayed.

Mann: So I stayed in Washington, and that's when I found a job at Fairfax Hospital.

Farreras: Okay. But this is 1979, so you're still able to stay in the lab?

Mann: Yeah. I was still . . .

Farreras: Were you working for somebody else or did you ?

Mann: I was basically doing my own thing. I was like a master's level person who -- they left me alone, because almost everybody else, like I was an anomaly in the lab. The research assistants were only bachelor. They also were all women. I think I was the only male. So many ___sexism. So because I was a male, I wasn't bachelor level, I was master's level, I was -- but I wasn't a Ph.D., and we were having, you know, we had postdocs, I was treated more like a postdoc on his own, and they left me alone.

Farreras: So when he left, it wasn't like the funding for your position disappeared.

Mann: No.

Farreras: They still . . .

But the problem was, money was really tight back then, in the 1970s, in the Intramural Program. It was really tight. I didn't have a permanent position. My position -- I kept getting these, they were six-month positions. I don't know how many hours that is, like 1,200 hours or 800 hours, and they had to constantly be renewed. The only person who could renew it was the lab chief. And so when Herb, when Weingardener (sp) came in, he was just making . . . He was maintaining the status quo, so he would keep renewing my appointments. But when Mirsky came, Mirsky had an agenda. He wanted to bring in his people. He wanted to push out the regular Pls. And then me, like, you know, my position, like forget it. And he hardly, I mean, he didn't know me. But he didn't do it quickly. I mean, I think he renewed me once and then he let me go. So what happened was, it was the only time I ever was unemployed. I think I collected like, I don't remember how many checks, but I think I was unemployed for a couple of months. And then I got this position at Fairfax Hospital, where I ran the neuropsychology -- they created a neuropsychology lab for me there that I basically went out there to set up a research laboratory at Fairfax. What was really nice about Fairfax Hospital, it's a teaching hospital affiliated with Georgetown, so I became a faculty member at Georgetown, the School of Medicine. We were the teaching program for the first-year psychiatry program. And I, I mean, I stayed there 18 1/2 years. It was a wonderful place. I put out probably in excess of 60 articles there that were published. So I was really productive there. It was a good place. But when I also went over to Fairfax, I didn't -- I still had like the Potomac fever, but instead it was the NIH fever. I couldn't just give it up. And because I was doing all this neuropsychological clinical evaluation, because what I was doing in the labs, you know . . . There weren't many clinicians at NIH, and so I was doing studies on the psychiatry units, you know, in schizophrenia, in major depression, where I was doing neuropsychological evaluations on these people. I also worked with Tony Fauci with the very first AIDS patients, before we knew what they were. And they asked me to do neuropsychological evals, and I was doing that throughout in neurology -- I was doing it all over the hospital, in the Clinical Center. So these people--hen I lost my job, they didn't want me to leave. So they were -- I was like probably the only masters-level clinician that they got signed on as a clinical consultant. And so I was ... So I staved on as a clinical consultant. I don't remember how many years, but I think it was a good five years or so after my

appointment I was then it	eft. And at one point I was making more money part time doing exactly what I was doing before. Things really worked out well, until there ended. At some point there was then a new, I think they called them the clinical director at the intramural. Someone was upset that I was ts without a Ph.D., and then he stopped it.
Farreras:	Okay. Fred Goodwin?
Mann:	No. It was someone under Goodwin. I just don't remember the name.
	Because I know in the earlier days, when Shakow led the lab, that the psychiatrists expected the psychologists in the lab to all the g and that Shakow at one point said, "We're all psychologists. We're trained to be doing research. We shouldn't be doing all this testing stuff atrists," and actually put a stop to it doing this sort of menial job.
Mann:	The tests.
Farreras:	And so it's interesting that this laid the game
were able to care about the programs. So	But I was doing this. It wasn't essentially for the, it wasn't just for the psychiatrists. It was also for all the physicians throughout the Clinical ranted this type of service that they didn't really have people trained to do. And it really helped me because it made NIMH look good. They contribute to the rest of the Clinical Center. Usually nobody was interested in what people they had or what they were doing. They didn't eir patients, they didn't care about their So it made it look good that there was someone that could contribute to the other institutes' of I think for PR, they allowed me to continue doing this. But then it, you know, all things eventually And especially as the NIH, things was okay at that point.
Farreras: the game.	Uh-huh. Now, let me back up. When you got here to work with Reader [sp.], who else was at the lab at that time, because it's pretty late in
Mann:	I mean, Zahn [sp.] is still doing his research.
Farreras:	Zahn [sp.], right. Mike?
Mann:	No. He's gone.
Farreras:	He was gone. Ben Carlson?
Mann:	Yeah, he was here.
Farreras:	He was still there.
Mann:	He was still there.
Farreras:	Okay. Who else was there? Not too much. Okay.
Mann:	Who else do you have?
Farreras: name to	I had Michaeltill >78. Yeah. And then Mishkin, Rosvold. They went to the separate lab, because I had Rosenthal changing the psychopathology in >75.
Mann:	Right.
Farreras:	And then shortly after, he Right. He stepped down. I have him stepping down in >77.
Mann:	Okay. I mean, in >78, there's Reader [sp.], there's Zahn [sp.], there's Weingartner [sp.], and we have postdocs. We have, I mean
Farreras:	Well, I have at the time, I have what they call associates. I have Sally Anderson.
Mann:	There's Sally.
Farreras:	Richard Hyer [sp.].

Mann:

Richard Hyer [sp.].

Farreras: Tom Robinson.

Mann: Tom Robinson.

Farreras: And then I have as guest workers all of . . .

Mann: And then how about Cogahiro [sp.]? Not Cogahiro [sp.]. What's his name?

Farreras: Kevin Ryan?

Mann: No. He was the acting director of NIMH.

Farreras: Richard Nakamura [sp.].

Mann: Nakamura [sp.]. Nakamura [sp.] also was a postdoc with those people. Do you have him down?

Farreras: I don't have him until >81. Well, that's the other thing I wanted to ask you. You're not listed for those two years that you were there. You're listed as a guest worker from >81 to >87.

Mann: Yeah. That's because I was, because this was only the Ph.D.'s. I'm a master's person.

Farreras: Okay. So the scientific directors are only . . .

Mann: That's why.

Farreras: Okay, okay. So Sally Anderson and Richard Hyer [sp.], those are also Ph.D.'s?

Mann: They're all Ph.D.'s. They're all doing postdocs. They're staff fellows, I guess is what . . .

Farreras: I didn't know that about the directories. That's good to know. Because those were the only names that I had to work with.

Mann: But, again, I was an anomaly. There weren't master's-level people in the lab.

Farreras: And so . . .

Mann: But Nakamura [sp.] also is in this lab, and he's also key in this lab.

Farreras: Mm-hmm. But, then, that means . . .

Mann: And he was there . . .

Farreras: _____ sections left?

Mann: No. Well, I mean . . .

Farreras: _____. And Ben Carlson was _____.

Mann: Actually, I think, I mean, Zahn's [sp.] section existed.

Farreras: But he was . . .

Mann: There was the section on . . .

Farreras: . . . the Unit of Psychophysiology?

Mann: Yeah, yeah.

Farreras: Okay. But I thought that was within the Section of the Chief, Dave Rosenthal and Dave Shakow ______

Mann: I mean, he was like a unit. I mean, he was the unit. It was him; that was it.

Farreras: Uh-huh.

Mann: I mean, it was him.

Farreras: And Carlson would be still doing perception.

Mann: Yeah.

Farreras: And I thought Nakamura [sp.] was with the animal behavior people.

Mann: He was in our lab.

Farreras: Okay.

Mann: Yeah, he was in our lab. I mean, he moved over to _____

Farreras: To neuropsych.

Mann: He moved over.

Farreras:	To Mirsky?
Mann:	To Mort's, to Mishkin's lab.
Farreras:	Okay, okay. But originally he was
Mann:	When I came, he was in our lab.
Farreras:	Okay. What kind of work was he doing?
Mann:	I mean, he was doing rat stuff.
Farreras:	Okay. Because I thought the original
Mann:	He's too young. He wouldn't have been in He was too young. He's my age, so he wouldn't have been.
Farreras:	He wouldn't. Okay. Yeah. I don't have him before >81.
Mann: bet you he car	And he was and he was there when I came in >78. I don't know if he had just come or if he'd just maybe been there a year before me. I ne in >77. That's my guess.
Farreras:	So that's it, and you and Dave Rosenthal.
Mann:	And Reader [sp.].
Farreras:	And Reader [sp.].
Mann:	Yeah. I'm trying to think of the office suites. And Weingartner [sp.], and that's it.
Farreras: from having si	So, what happened to all the sections? I mean, this is a little bit I think it must have happened before you actually got there. But it went x whole sections to just having one person
. Most of then	Well, see, what happened, basically I think what happened prior to me getting there, the psychiatrists, the M.D.'s, became their section by increasing in size and getting larger, and they were doing clinical research. So they became their own laboratories or changed their In didn't even call themselves laboratories. They became the division of this or the branch of that. And so they did their they became their And the power structure at NIH is physicians rule. It was bad to have the laboratory not have physicians in it because we had no power at all
Farreras:	No access to clinical patients.
	No access to clinical patients. We could only, especially when we were in Building 31, I mean, we were in an office building, so we didn't lace to bring patients to. So, as a result of that, whoever was the chief of the Laboratory of Psychology just had no clout whatsoever with the , you know, with Bob Cohen, with Fred Goodwin, all those types. They just you know, we were marginalized; every year we were more ginalized.
Farreras:	So, less money was allocated to the lab
Mann:	To the lab. We'd start losing FTEs, and it's But then also turn this off.
	[recorder turned off briefly]
the time, her n doing research who's the	Because when I talked to Leslie Underlighter [sp.], who took over Mirsky for the lab of what now became brain and cognition, she nean, if the Rosenthal-to-Mirsky transition is going from genetics and schizophrenia now to more brain-imaging work, she had mentioned at nain contribution was looking at the newer technologies that Mirsky wasn't keeping up with with these newer technologies and new ways of n, that that was where she came in and why she was seen as the to the lab and it was revamped, and they had hoped that he and, who's the other section person? that they would work together in trying to combine those expertise and that that just didn't work can't think of his name.
Mann:	·
Farreras: new technolog	I would have thought that with you taking over the lab, that that would have been more that would have been embraced more, that the ly work I mean, it seems like you and Don and some other people really went with that, but then Mirsky sort of stayed
Mann: it was a very s	Well, he stayed with Connie doing his stuff, which was the psychophysiology stuff, which, at the time, it was hot also. But it was just, mall, narrow field.
Farreras:	Okay. So there's that, there's the new brain-imaging work you're doing and continue to do after Reader [sp.] left.
Mann:	Right.
Farreras:	What other type of work was being done? I know Zahn [sp.] is still working with his psychophysio work.
	See, Zahn [sp.] was sort of like me. Like Zahn [sp.], like we were survivors, so we would work with whoever, wherever the patients were, so e that we would have our own program of study. We would study whoever was studying who else was coming into the clinic. So Zahn [sp.] sychophys he would do the physiology studies on anybody that came into that hospital, and then I would, you know
Farreras:	Work with all the other

	I'd work with all the other institutes. And then I started, I mean, there was a certain point when I started getting less interested in the I got less interested in the brain imaging and I just got more interested in the neuropsychology, and that's when I was doing different psychological tests and memory types of exams, but in, you name the patient population. That's when I started seeing lots of different tions. And I personally became less technology driven.
	Was there any breakdown I mean, before then, it seemed like everybody there were these different sections, different people work n, and they were working on the chief's area of research. When Mirsky took over, was there any breakdown in terms of sections that sey in different research and certain people worked within a section?
Mann:	See, everybody
Farreras:	Or is it everybody's working on what Mirsky's working on?
Mann: [sp.] did his ov	No. See, everybody's doing their own thing. They didn't work as a lab. I mean, we weren't everyone, Mirsky did his own thing, Zahn vn thing, Mann did his own thing.
Farreras:	Okay, because one of the things
Mann:	Weingartner [sp.] definitely did his own thing.
development p stuff that he w	One of the things that I have heard when Rosenthal took over the lab was that some of the downsizing might have occurred dn't want to have to control this huge lab, and so they were very happy when animal behavior split up and became neuropsych, the child beople became, went off with Mary Nero [sp.], and so he had a smaller lab to control, and people worked pretty much on the schizophrenia as working on. So I thought that I wasn't sure how much that was going to be a focus in the new, once Mirsky took over, whether it's orking on whatever the lab chief's doing or everybody's working on their own interest.
Mann:	But then I think, though, Mirsky was trying to bring in postdocs to work on his stuff.
Farreras: the lab other t	Okay. But the other people we talked about that you Well, you were doing your own thing. What about the other people who were in the postdocs he's bringing in? Are there anybody who have sort of independent researcher status the way
Mann:	I mean, just Zahn [sp.] really.
Farreras:	That's it. Okay. So all the others are at the postdoc level.
Mann:	All the others are postdocs, and Weingartner [sp.].
Farreras:	And Weingartner [sp.] you, Zahn [sp.], Weingartner [sp.] and Mirsky are
Mann:	But I'm not. I'm not a Ph.D., so I'm not senior at that point in the lab. But I'm below the radar screen. They leave me alone.
Farreras:	Okay.
Mann: didn't do a thir	I think it's sad, though, that NIMH doesn't have a laboratory of psychology, and I think it's sad that the American Psychological Association 19.
Farreras: that sort of thin	I didn't get a sense that there was any overlap. I mean, people in the lab I know Morrie Parloff would go to APA and research, ng, but I didn't get any sense of collaboration or contact between nongovernment people and the lab
	It's not that there's formal contact. I mean, APA is very involved in the NIH budget, and they're very supportive of behavioral science that more money should be done in the behavioral sciences, and I think it shows that just a, when the most prestigious organization within nt, you know, with the biomedical research community, NIMH, decides it's time that they no longer had a laboratory of psychology, I think it good.
Farreras:	What are the?
Mann:	Psychology doesn't rate for its own
Farreras:	Highly, yes.
Mann:	for its own lab any longer.
these are the section chiefs major contribu you know, we sections had. that brain imag the same thing	Well, in July when I gave the talk, one of the comments that I got afterwards was from an NIDA lab chief, and he said rather than ly just wanted to focus on this is the type of research that the different sections were doing. Now, whether trying to do a retrospective major contributions that came out of the lab, and so he was hoping to see more of a, this is the impact that this lab had. And I asked the at the time if they could think about, okay, now, looking back, all these years that you were there, and come up with what you think are the tions that came out of your section for certain research that you were doing. And for the soft areas, they're at a loss. They can't say, well, came up with some effect type similar thing, because the softer areas didn't have hard results the way the animal behavior And they attribute that, see, they attribute the decline of the softer areas of the lab to the that they didn't have the federal hard results ging can give you because that's not the type of questions that they're looking at. And Mel Cohen in the socioenvironmental study also said g and speaks evil of Fred Goodwin and says downfall for the social sciences ever since then, because hard data that Congress or the NIH umbrella level wants to see, and that that's, by definition, that's always
Mann: like the orphar	And his lab was very, I mean, they were very productive They were next door to us. So we knew those people. We were kind of a children and
	So, I mean, I don't know. Even if the APA really lobbied, whether they would even fit within NIMH. I mean, if you look at the NIMH search Program, it's all hardcore stuff. There's no room for the fuzzy, soft areas getting something for I mean, it's too bad; I ad. I think Shakow's original concept of having all of the areas in the psychology represented was very good, but

Mann:	See, I think had they ended up getting Settleman [sp.] to have been the chief, the place, it would have flourished.
Farreras:	Really?
Mann:	Yeah.
Farreras:	In what areas?
Mann:	The thing
Farreras:	I mean, if Settleman [sp.] had come, that would have been very different because that's totally clinical work.
	I mean, it's clinical work, but on top of that, we still would have done what we do best. We would have continued testing, we would have a know, we could have further pursued memory and cognition. We gave up all of that other stuff to the other branches. They hired clinical help them do that other stuff, and I think it I mean, I think the lab could have been the focus of that kind of research.
Farreras:	That just reminds me
Mann: Laboratory of name?	Also, there's nothing wrong. I mean, we didn't nobody does any personality research at I mean, there's no reason why the Psychology couldn't have focused in on personality. I mean, there's a Laboratory of Personality in the NIA, you know, which is what's his
Farreras:	I have that
Mann: aboratory.	Costa [sp.]. I mean, he's I mean, Paul Costa [sp.] could have happened, could have been the laboratory. It could have been the
Farreras:	·
Mann:	Right. It didn't have to be in the Why would it be in the Aging Institute? It doesn't have to be. So
Farreras: t went, becau	Ted Zahn [sp.], because to Ted Zahn [sp.], he thought that it might have been a good thing that the lab sort of went the way se he says that means
Mann:	Well, he was retiring.
Farreras:	·
Mann:	Ted spends his entire adult life after his postdoc there.
concentrated	Sure. But he says that the fact that people like him or you actually got to go out and do all this testing on clinical patients for other that in a way was more successful in the sense that these other people get exposed to psychology in their much more than if it's all n this one lab and nobody outside of the lab knows anything about what these people do, and that by having specific individuals going out, actually be better in terms of spreading the word as far as what psychologists are able to do and contribute to other people's research
n the Intramu ust go ahead what, you kno n touch with i	Yeah, but what's wonderful about the Intramural Program at NIH is that there's almost, I mean, at the time there was like unlimited was such a wealthy place compared to any psychology department in any university. You could do I mean, things that you could do ral Program on the main campus, people would give their right arm in university to do. It was like, it was much easier to get studies done and and do it. And these are expensive studies with CT scanners and PET scanners and doing the psychophysiology studies, or even doing w, to have a neuropsychologist, you know, with hours and hours of testing of these people, and you could do interesting You would get neteresting populations that you wouldn't see other places. They'd still bring them in for you. And if you only, you know, if you're only an Itant and you're only given the, doing the clinical work but not really involved in the shape of the science of what the research questions are, nk it's sad.
Farreras:	And it's not like change.
Mann: was there.	No. It's too late now. Unless, I mean, there's going to be a new director of NIH. He's a I know him. He was also a postdoc when I
Farreras:	?
Mann:	No. He wasn't in this lab. But I collaborated with him when he did OCD research with humans.

END OF INTERVIEW

So he'd been working with . . .

Farreras: